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## **Finding Our Voice in the MDT**

Following the European Cancer Organisation (ECCO) *'From Evidence to Practice in Multidisciplinary Cancer Care'* Congress 2017, I questioned the role of the cancer nurse in the multidisciplinary team (MDT). Are nurses the 'linchpin', 'pack-horse' or 'unseen' professional in the cancer MDT?

When cancer nurses act as key-workers they are arguably the linch-pin that tethers the MDT together, but the notion of the nurse acting as key worker is the exception rather than the norm in many European countries.

Dr Claire Taylor and I represented the European Oncology Nursing Society (EONS) by contributing to new *ECCO Essential Requirements of Quality Cancer Care* guidelines. We gained insight about how the role of the nurse was perceived differently across Europe, which meant drafting guidelines was challenging. We were, however, delighted that our contributions about cancer nursing were included in the guidelines (Beets et al., 2017; Andritsch et al., 2017), which aim to act as a template for future ECCO quality care guidelines.

ECCO's President, Professor Peter Naredi, spoke about the importance of MDT working to support high-quality cancer care. With support from ECCO, EONS are undertaking a European-wide flagship project called *'Recognising the value of European Cancer Nurses'* (RECaN) to gather vital evidence about the contribution made by oncology nursing across Europe within the cancer MDT. Part of the project will include working with the UK Oncology Nursing Society to conduct a case study in the UK.

The 'busy-ness' of the daily working life of many cancer nurses arises from them carrying heavy caseloads. Witnessing nurses working in very busy services leaves me with a sense of them reaching breaking point. I am concerned that in the short-term the caseloads of cancer nurses who act as keyworkers will increase, as a predicted shortage of registered nurses worsens and caseloads increase. Under economic scrutiny from health care commissioners and politicians there is a need for registered nurses to justify their added value in terms of patient outcomes and experience. To defend registered nurse staffing levels, nurse leaders must use important findings from the RN4CAST Consortium (Aiken et al. 2016; Griffiths et al. 2017) that show an association between the level of registered nurses and patient mortality, morbidity and satisfaction with care.

Although the contribution from CNS' is seen as core to the effectiveness of the MDT in meeting patients' needs, a Cancer Research UK report (Gray et al. 2017) found that MDT meetings often lacked discussion about patient preferences, co-morbidities, suitability for a clinical trial or a patient's psychosocial status. Many respondents expected that these aspects of MDT discussions to be within the role of the CNS; however no verbal contribution was made by nurses in over 75% of the MDT meetings observed. While staffing issues and workload pressures affect how many MDT meetings CNS' are able to attend, absence of the nurses' voice can also be attributed to factors such as lack of confidence about being listened to and valued (Lamb et al. 2011).

Organisations like UKONS, EONS and Cancer Research UK need to ensure cancer nurses are valued as MDT members, but cancer nurses also need to find confidence in their own voice. Knowing one's own value as a professional and what specific contribution nurses make to effective cancer MDT working might help. A good example is person-centred care, which is being heralded is the 'new paradigm' for high quality care, where a heightened sense of person-centred care comes from more personalised cancer treatments. Patient-centred care, however, has been quintessential to nursing since the work of Florence Nightingale, and person-centred care (McCormack and McCance, 2010) has become a central theory of modern nursing. There is, therefore, opportunity for other professionals to learn from nurses, since we are educated and trained to apply person-centred care in everyday practice. The UKONS 2017 conference will focus on '*Personalising Cancer Treatment and Care*', which I hope will provide cancer nurses opportunity to discuss and reflect on their role providing person-centred care within the MDT.

I encourage cancer nurses to support one another in being the linch-pin of the MDT; record their activities and outcomes from delivering (sometimes complex and resource-intensive) treatment and care; and practice finding their own voice to make sure that MDTs meet the needs of people with cancer.

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